24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) Human Rights Campaign Equality Votes	FEC IDENTIFICATION NUMBER ▼ C C00508440
Check If Z 24-hour report 48-hour report Amends report filed on MMM / DD / YYYYY	
Full Name (Last, First, Middle Initial) of Payee Human Rights Campaign	Date
Mailing Address 1640 Rhode Island Ave NW	10 26 2012 Amount
City State Zip Code Washington DC 20036	2000.00 Transaction ID : D500488
Website Content - Staff time Type	ce Sought: House State: Senate District: Yeresident
Will rolling	eck One: Support Oppose
Calendar Year-To-Date Per Election 6596.72 Dist	bursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Type	ce Sought: House State: Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: Che	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
(c) TOTAL Independent Expenditures	2000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mr. James Rinefierd [Electronically Filed] Signature	10 26 / Y Y Y Y Y Y
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